

DOCKET NO. SC10321C



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12 Number of Pages (including this page)

Date: September 13, 2004
To: Vivek Srivastava - 2611
Location: United States Patent and Trademark Office
Fax No.: (703) 872-9306
From: Susan C. Hill - 35,896
Subject: 08/997,622- William E. Salzer

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MESSAGE:

Enclosed herewith, please find a FORMAL AMENDMENT for filing in the below-identified application.

ALL ITEMS MARKED WITH AN "X" ARE INCLUDED:

1.	X	1 page Facsimile Cover Sheet
2.	X	7 page Amendment
3.	X	1 page Fee Transmittal (in duplicate)
4.	X	1 page Petition for Extension of Time (in duplicate)

Paid by Deposit Account: 503079 \$110

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE
PATENT AND TRADEMARK OFFICE:

ON: 9/13/04
Date

Elaine Cox
Signature

PLEASE GIVE THESE PAPERS TO:

EXAMINER: Vivek Srivastava
GROUP ART UNIT: 2611
SERIAL NO.: 08/997,622
FILED: DECEMBER 23, 1997
INVENTOR: WILLIAM E. SALZER

BEST AVAILABLE COPY

JACKET NO. SC10321C

FEE TRANSMITTAL		Complete if Known	
Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/997,622
		Filing Date	December 23, 1997
		First Named Inventor	William E. Salzer
		Examiner Name	Vivek Srivastava
		Group Art Unit	2611
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	SC10321C
(\$) 110			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 503079 Deposit Account Name: Freescale Semiconductor, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	3. 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SUBMITTED BY Name (Print/Type): Susan C. Hill Signature: <i>Susan C. Hill</i>		Complete (if applicable) Registration No.: 35,896 Telephone: (512) 996-6839 Date: 9/13/04																																																																																																																																																						

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